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INDIA.

Mortality of Bombay city—Enteric fever in Poona—Plague in Bombay Presidency—Deaths among the inoculated—Fever in Bombay Presidency.

Acting Assistant Surgeon Hume reports as follows:

Mortality of Bombay city for the weeks ended October 11 and 18, 1904.

Mortality of Bombay city.

	Week ended—	
	Oct. 11.	Oct. 18.
Plague attacks.....	85.00	77.00
Plague deaths.....	71.00	68.00
Plague mortality per 1,000.....	4.75	4.55
Smallpox deaths.....	0.00	3.00
Cholera deaths.....	7.00	3.00
Total deaths.....	650.00	620.00
Total mortality per 1,000.....	43.55	41.54

Cholera is rapidly dying out, the few cases reported being widely scattered.

Plague does not increase much; some of the cases are imported in spite of precautions.

I have the following transactions to report for the week ending October 22, 1904:

Under date October 20, 1904, sanitary certificate No. 61, accompanying consular invoice No. 253 of 1904, was issued for 37 bales of East India wool packed in naphthalene. Value, rupees, 4,835½ (\$1,568.63).

Under date October 21, 1904, sanitary certificate No. 62, accompanying consular invoice No. 255 of 1904, was issued for 81 bales of East India wool packed in naphthalene. Value, rupees, 15,792 (\$5,122.92).

The shippers in both cases were Latham & Co., of Bombay, and the consignees, similarly, were Tattersfield & Co., of Philadelphia. The wool was shipped by the steamship *Scindia*, of the Anchor Line, to be transhipped in Glasgow.

*Enteric fever in Poona and the conditions favoring its existence.*AMERICAN CONSULATE, BOMBAY, *October 28, 1904.*

I have the honor to quote below a statement concerning the existence of enteric fever in Poona, one of the three chief cities of this Presidency, lying 119 miles southeast of Bombay. In my letter of September 4, 1904, I referred to this prevalence of enteric there, and now give you the following excellent statement as to the conditions favoring it. I quote from the Times of India, dated October 27, 1904:

The city and cantonments (i. e., the European residence section) of Poona are set in a cup-like hollow surrounded by hills which prevent free circulation of air. In this stagnant atmosphere, after the street sweeping of the early morning, dust clouds hang in dry and hot weather. It is not difficult to understand how an unprotected water supply can in this way become defiled. That it is impossible to protect an open canal in any country from defilement goes without saying, and in India we know that there are still more potent causes. It is not necessary, however, to travel outside the city and cantonment for unsanitary conditions.

They confront us on all sides. Even the storing of food supplies shows how little sanitary requirements are regarded. One has only to walk through any of the bazaars to see heaps of grain on the roadside exposed to sewage dust or to notice food stuffs in small and dirty shops covered with flies, while close at hand are latrines and urinals with the surrounding soil saturated with filth and organic refuse of all kinds. The conclusion come to by experts who have carefully studied the sanitary condition of Poona and its neighborhood is that its unhealthfulness is due to sewage contamination of the soil. * * * The pit and trench systems of sewerage are open to many objections, having had most disastrous effects upon the health of British troops and civil residents quartered in the cantonments. Poona is advantageously placed for efficient sanitation, provided that it makes use of its natural advantages and of modern sanitary methods. It has an abundant water supply which should be used for the removal of its sewage, but not for its disposal, for the entrance of the sewage of towns and cantonments into Indian rivers is altogether objectionable. The adoption of the septic-tank system is strongly advised, and in addition structural alterations in densely inhabited localities with attention to surface drainage.

With reference to the street cleaning of Poona, the Times says:

In the early morning the center of the ordinary cantonment road is swept and horse droppings brushed aside, right and left, and allowed to remain. Soon after the traffic of the day has commenced it is impossible to tell where the nuisance of the early morning existed.

What is said of Poona is true in large measure of other towns in India, and when one thinks of the large number of servants to whom Europeans must necessarily intrust the care of their food and the fetching of their water, the wonder is that so little enteric fever exists. The problem in Poona will be taken up seriously, in view of the great number of deaths among Europeans during the past four months.

Plague in the Bombay Presidency, 1903—Deaths among the inoculated.

Mortality from plague, 1896 to 1903.

1896	2, 086	1902	184, 752
1897	46, 944	1903	281, 269
1898	86, 191	Mean, 1896 to 1899	57, 954
1899	96, 596	Mean, 1900 to 1903	156, 869
1900	33, 196	Mean, 1896 to 1903	107, 412
1901	128, 259		

It will thus be seen that the plague mortality was worse than in any previous year since its outbreak in 1896.

Mortality in the several districts and provinces.

Provinces:	Per mille.
Southern	32. 85
Western	11. 50
Central	18. 39
Gujarat	11. 16
Sind	0. 85

The heaviest mortality was in the two districts, Belgaum and Dharwar, of the southern province. The details are as follows:

Plague incidence in two districts of southern province, 1903.

District.	Popula- tion.	Villages in dis- trict.	Villages attacked.	Deaths.		
				Male.	Female.	Total.
Belgaum	992, 262	1, 073	530	22, 255	22, 766	45, 021
Dharwar	1, 112, 612	1, 298	641	24, 007	23, 015	47, 022